

AIR INTERCEPT MISSION FLIGHT PLAN / BRIEFING FORM

☐ SEADS ☐ WADS ☐ NEADS ☐ 84 RADES ☐ ORIENT ☒ TRNG ☐ OTHER

Mission #: _____		Date: _____	
Requestor's Name: _____		Results Passed To: _____	
Phone Number: _____		<small>Requestor/Customer Name</small> _____	
Date: _____			
Pilot's Information			
PIC Name & Rank: _____		<input type="checkbox"/> Night <input type="checkbox"/> Mountain <input type="checkbox"/> Instrument <input type="checkbox"/> Over Water	
PIC's Signature: _____		CAP ID #: _____	
Pilot's Address: _____			
<small>Street/P.O. Box</small>		<small>City---State---Zip Code</small>	
Pilot's Home Phone #: _____		Pilot's Cell Phone #: _____	
Other Flight Crew Members Information			
Observer's Name & Rank: _____		CAP ID #: _____	
Scanner's Name & Rank: _____		CAP ID #: _____	
Flight Plan Information			
<input type="checkbox"/> CAP <input type="checkbox"/> FILED FAA: <input type="checkbox"/> IFR <input type="checkbox"/> VFR <input type="checkbox"/> COMPOSITE			
Aircraft Information			
Aircraft Number: _____		Aircraft Type: _____	
True Airspeed: _____		Fuel on Board: Hrs- _____ Mins- _____	
Color of Aircraft: _____		Number People on Board: _____	
Flight Information			
ETD: _____		ATD: _____	
Estimated Time Enroute: _____		Point of Departure: _____	
Hrs: _____		Mins: _____	
Outbound Altitude: _____			
Route Information			
Inbound Altitude: _____			
Destination Airport: _____		City (where located): _____	
Alternate Airport: _____		City (where located): _____	
Proposed Landing Time: _____		Actual Landing Time: _____	
<div style="border: 2px solid black; width: 50px; height: 50px; display: inline-block; margin-right: 10px;"></div> FLIGHT PLAN CLOSED		Put Hobbs Times On Page 2 of this form!	
Flight Release Officer Information		Special Instructions:	
Name: _____ <small>Typed/Printed</small>			
FRO's Signature _____			
Telephone Release: <input type="checkbox"/>			
Date: _____ Time: _____			
RON Approved By:		Name: _____ <small>Typed/Printed</small>	

MISSION OBJECTIVES

- | | |
|---|--|
| <input type="checkbox"/> T---Transportation | <input type="checkbox"/> V---Video / Digital Photography |
| <input type="checkbox"/> A---Air Reconnaissance | <input type="checkbox"/> X---Training |
| <input type="checkbox"/> R---Radar Evaluation | <input type="checkbox"/> O---Orientation |
| <input type="checkbox"/> C---Airport Reconnaissance | <input type="checkbox"/> S---Other Support |
| <input type="checkbox"/> P---Airfield Photography | <input type="checkbox"/> Q---Communications |

SORTIE INFORMATION

***=Hobbs Time**

SORTIE	FROM	TO	START*	TO/FROM*	IN AREA*	STOP*	TOTAL*	OBJECTIVE
1								
2								
3								
4								
5								

MISSION OBJECTIVES / RESULTS / COMMENTS

ADMINISTRATIVE SECTION

Hobbs End:			Admin man hours:	
Hobbs Start:				
Total Time:			Crew man hours:	
A/C Per Hour:				
Total Fuel/Oil/Etc:			Total man hours:	
Total A/C Cost:			Total man days:	